

## PART B—ISSUE FEE TRANSMITTAL

Complete and mail this form, together with application fees, to:

Box ISSUE FEE  
Assistant Commissioner for Patents  
Washington, D.C. 20231

**DOCKETED**

**MAILING INSTRUCTIONS:** This form should be used for transmitting the ISSUE FEE. Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Issue Fee Receipt, the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

KEVIN M FARRELL  
P O BOX 999  
YORK HARBOR ME 03911

HM22/0702

Note: The certificate of mailing below can only be used for domestic mailings of the Issue Fee Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing.

**Certificate of Mailing**

I hereby certify that this Issue Fee Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above on the date indicated below.

Tammy L. Moulton

(Depositor's name)

*Tammy L. Moulton*  
*September 26, 2001*

(Signature)

(Date)

APPLICATION NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
09/026,276	02/19/98	017	HAMUD, F	1647 07/02/01
First Named Applicant	KENTEN,	35 USC 154(b) term ext. =		0 Days.

TITLE OF INVENTION	UBIQUITIN FUSION-BASED VACCINE SYSTEM	10/01/2001 HTECKLU2 00000184 09026276
		01 FC:142 02 FC:561
		1240.00 OP 45.00 OP

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEES DUE	DATE DUE
1 IGN-9601	424-192.100	I63	UTILITY	NO	\$1240.00	10/02/01

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Kevin M. Farrell

2 \_\_\_\_\_  
3 \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

4a. The following fees are enclosed (make check payable to Commissioner of Patents and Trademarks):

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

**Proteinix Company**  
(B) RESIDENCE (CITY & STATE OR COUNTRY)  
**Gaithersburg, Maryland**

Please check the appropriate assignee category indicated below (will not be printed on the patent)

Individual     corporation or other private group entity     government

4b. The following fees or deficiency in these fees should be charged to:  
DEPOSIT ACCOUNT NUMBER **06-0130**

(ENCLOSE AN EXTRA COPY OF THIS FORM)

Issue Fee  
 Advance Order - # of Copies **15**

The COMMISSIONER OF PATENTS AND TRADEMARKS IS requested to apply the Issue Fee to the application identified above.

(Authorized Signature)

(Date)  
*9/18/01*

NOTE: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.

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JUL 05 2001

FARRELL & ASSOCIATES

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